

# Cognition 101: Cognitive Disruptions Commonly Experienced by Persons Labeled with Psychiatric Disabilities

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“MOVING FORWARD TOGETHER...”

# Presented by

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# Acknowledgements

- Content for this presentation drawn primarily from *Dealing with Cognitive Dysfunction Associated with Psychiatric Disabilities: A Handbook for Families and Friends of Individuals with Psychiatric Disorders* (2002) written by Alice Medalia, PhD and Nadine Revheim, PhD and sponsored by the New York State Office of Mental Health Family Liaison Bureau.

# Learning Objectives

- To be able to list and describe common cognitive disruptions experienced by persons labeled with psychiatric disabilities that may impact supported housing success.
- To identify specific strategies for providing housing supports targeting cognitive disruptions experienced by persons labeled with psychiatric disabilities within the supported housing context.

# What do we mean by COGNITION?

(Medalia & Revheim, p. 5)

- Different from academic skills
- Mental capabilities or underlying skills you need to *process and learn* information, to *think, remember, read, understand* and *solve* problems.
- Develop and change over time
- Born with certain cognitive capabilities
- Measureable
- Can be strengthened and improved
- When strong, learning easier

# Myths about Cognition Problems

(Medalia & Revheim, p. 6)

- Go away when the hallucinations and delusions stop
- Always go away between episodes of depression and mania
- Simply reflect a lack of effort
- All caused by medications
- Caused by being in the hospital for too long

# Truths about Cognition and Psychiatric Disabilities

(Medalia & Revheim, p. 7)

- Schizophrenia and many affective disorders can cause cognitive impairment
- Careful choice and dosing of medications will avoid cognitive side effects
- Positive attitudes about learning helps people make best use of cognitive skills
- Supportive and stimulating social and physical environments encourage people to cope better with cognitive problems
- Pre-existing and co-existing conditions can also cause cognitive impairment

# Common Cognitive Problems

(Medalia & Revheim, p. 7-8)

## Schizophrenia

- Ability to pay attention
- Ability to remember and recall information
- Ability to process information quickly
- Ability to respond to information quickly
- Ability to think critically, plan, organize and problem solve.
- Ability to initiate speech

## Affective Disorders

- Ability to pay attention
- Ability to remember and recall information
- Ability to think critically, categorize and organize information and problem solve.
- Ability to quickly coordinate eye-hand movements



# Attention and Everyday Life

(Medalia & Revheim, p. 8)

- Some people report that they have difficulty paying attention when people talk and give directions.
- Others find it hard to concentrate on what they read, and find that they lose track of the important points, especially when reading longer passages.
- They may find it hard to focus on one thing when other things are happening.
- They may get distracted or conversely, become so involved in one thing that they fail to attend to something else that is happening.

# Memory and Everyday Life

(Medalia & Revheim, p. 8)

- The ability to remember and recall information, particularly verbal material, is often a problem.
  - Directions may be forgotten, or the ability to recall what has been read or heard may be reduced.
- Most people do not have trouble remembering routines they have learned, but they may find that they do not hold onto new information as well as they used to.

# Executive Functions and Everyday Life

(Medalia & Revheim, p. 9)

- Critical thinking, planning, organization and problem solving are often referred to as the executive functions, because those are the skills that help you act upon information in an adaptive way.
  - Response times are slower or that it takes longer to register and understand information
  - Speech production can also seem slower
  - May seem less able to think of alternate strategies for dealing with problems that arise
  - May have difficulty coming up with a plan
  - Find it hard to listen critically to new information and know what is important and what is not

# Impact on Daily Functioning

(Medalia & Revheim, p. 10)

- Impairments in memory and problem solving are associated with greater problems living independently.
- Problems with attention, concentration and thinking can make it very difficult to keep up with school work.
- People with mental illness who have difficulty with memory, problem solving, processing speed, and attention are more likely to be unemployed or have a lower occupational status.

# How can cognitive dysfunction be treated?

(Medalia & Revheim, p. 13-15)

- Remediation techniques
  - Focus on improving cognitive skill
  - informed by assessment of specific cognitive abilities
- Compensatory strategies
  - Assumes alternative method to perform task
  - Informed by observational assessments of task performance
- Adaptive approaches
  - Focuses on changing the environment, assume remediation not possible, compensation not probable
  - Prosthetic devices, memory aids, other environmental approaches

# Strategies to Support Memory

(Medalia & Revheim, p. 19)

- Repeat instructions
- Ask person to repeat or paraphrase what you just told them
- Put things in writing when possible
- Review plans in a consistent manner
- Memory is difficult to remediate, so memory aids are frequently useful

# Strategies to Support Attention

(Medalia & Revheim, p. 22)

- Limit information to the span of attention.
- Don't expect someone to be able to do multiple tasks at the same time.
- Regulate the tone, volume and rhythm of speech.
- Be aware of the need for rest.
- The more interesting and personally involved an individual can become in a task, the greater the attention.

# Strategies to Support Attention [cont.]

(Medalia & Revheim, p. 22)

- Direct eye contact and sense of touch, when comfortable and appropriate, can be used to get someone's attention and to sustain involvement.
- Be aware of distractions (e.g. extraneous or background noises, multiple speakers, poor acoustics, disorganized surroundings, complex visual patterns) and attempt to simplify the environment.
- Provide a balance of activities across physical, mental and social domains



# Strategies to Support Executive Function

(Medalia & Revheim, p. 25)

- Understand the need for routines, systematic procedures, organization and structure.
- Develop acronyms or short commands to eliminate impulsive actions.
- Provide encouragement and praise for actions that are initiated or maintained and followed-through by individuals who have trouble getting started or don't complete tasks.
- Offer guiding questions (“what’s the first step?”; “how would you begin?”; “what do you think?”) instead of ready-made answers for individuals

# Strategies to Support Executive Function

[Cont.] (Medalia & Revheim, p. 25)

- Demonstrate procedures and sequences to elicit awareness about steps taken during everyday problem solving.
- Use self-talk by verbalizing out loud.
- Don't make assumptions about how an individual can perform daily tasks without asking how they would solve the problem or observing the actual performance

# Closing Remarks

- Always include a cognitive “lens” to your thinking and reasoning about what might be going with your residents and tenants
- Consider implementing a “universal design” approach in your setting that targets cognitive skills
- Add an OT to your housing team!